

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 9-30-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The ultrasound, therapeutic exercises, electrical stimulation, paraffin bath, manual therapy technique, patient re-evaluation and DME from 12-30-03 through 2-2-04 were medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 12-30-03 through 2-2-04 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 7th day of December, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
DA/da
Enclosure: IRO decision

December 3, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-05-0398-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractic and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Requests for reconsideration 04/08/04 & 05/20/04
- Office notes 02/26/03 – 09/29/04
- Physical therapy notes 10/24/03 – 04/08/04
- EMG/NCV 03/20/03
- Operative reports 09/23/03 – 10/21/03

Information provided by Respondent:

- Case summary 11/12/04 and correspondence
- Claimant surveillance report 08/30/04 – 09/10/04
- Medical record reviews 05/26/03 & 10/26/04
- Designated doctor exam 07/02/03

Clinical History:

The date of injury is noted as _____. Electrodiagnostic testing was performed, which revealed evidence of bilateral carpal tunnel syndrome, more significant on the left. The records indicate the right hand carpal tunnel release was performed on 9/23/03. Treatment began on 10/24/03. Left hand carpal tunnel release was performed on 10/21/03 with cast removed on or about 10/30/03, and treatment of the left hand began 12/1/03, which was the result of a time delay of about 4 weeks after cast removal before the therapist was able to obtain doctor's orders for treatment.

Disputed Services:

Ultrasound, therapeutic exercises, electrical stimulation, paraffin bath, manual therapy technique, patient re-evaluation and DME during the period of 12/30/03 thru 02/02/04.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:

The provided documentation confirms the significance of this patient's injuries and indicates the need for continued treatment. On each date of service, there are sufficient subjective and objective findings to clinically document and confirm the need for ongoing care. In addition, there is documentation that the patient returned to full time light duty restrictions at work, and, as a result, it appears the patient's employer did not adhere to the patient's restrictions. The patient re-aggravated her condition, which required additional care.

Treatment guideline suggest that they are, in fact, "guidelines" and not specific treatment criteria that is absolutely mandated for each patient. Records clearly indicate and supporting documents confirm this patient's significant injuries and post-rehabilitation complications that required more treatment than a simple uncomplicated surgical procedure would require. In conclusion, ultrasound, therapeutic exercises, electrical stimulation, paraffin bath, manual therapy technique, patient re-evaluation, and DME during the period 12/30/03 through 2/2/04 was, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh